KARNATAKA STATE AKKAMAHADEVI WOMEN'S UNIVERSITY VIJAYAPURA

MENTAL HEALTH ISSUES OF WOMEN STUDENTS IN HIGHER EDUCATION: A SOCIAL WORK STUDY IN VIJAYAPURA DISTRICT OF KARNATAKA

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Introduction:

Mental health is very important in human life. Who have mentally or intellectual well-being they realizes his or her own capacity. When human have mentally good health, then they have coping normal stresses of life. And live life normally and happily. If human are mentally strong, then they take it easy in their life, whatever problems or crisis encounter. But now a days people have more mentally issues. In mentally issues depression is a common mental disorder and one of the main causes of disability worldwide. Globally, an estimated 264 million people are affected by depression. More women are affected than man (WHO, 2019). Bipolar disorder affected about 45 million people World Wide. Dementia affecting approximately 50 million people worldwide (WHO, 2019). In recent years depression is one of the leading causes of disability. Suicide is the further leading causes of death among 15 to 29 year- olds.

Mental Health status in India

In India 6-7 percent of population suffering from mental illness. According to WHO (2001) a behavioral or mental health issues are suffered by one in four families. Above 90 percent remain absent from therapy. Because lack of knowledge about symptoms of mental illness, misconception and stigma related to it, less of aware on the therapy are significance reasons for the high therapy gap.

According to India today one suicide attempt in made every three seconds and one death occurs by suicide every forty seconds by our youths. These statistics alone are alarming enough to take awareness of the next crisis. In the recent warn of the pandemic, according to WHO, India is the most depressed country in the world. One in six children and teenagers aged between 10-19 year of age suffer from depression.

Definition of Mental Health

According to WHO (2010) “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can able to make a contribution to his or her community”.

Definition of Mental Illness

According to WHO (2011) mental illness is defined “as a diagnoseable disorder that has a set of symptoms, which can include abnormal thoughts, emotions and relationship”.

Mental disorders: So many diseases are in the mental health issues. But some common diseases are there, below mentioned.

1. Depression
2. Anxiety disorder
3. Schizophrenia
4. Post-traumatic stress disorder
5. Phobia
6. Eating disorder
7. Mood disorder
8. Dementia
9. Bipolar disorder
10. Panic disorder

Depression cases- 322 million world wides

- African region 9 percent
- Eastern Mediterranean region 16 percent
- European region 12 percent
- Americas region 15 percent
- South-east Asia region 27 percent
- Western pacific region 21 percent

Anxiety disorder refer to a group of mental disorders characterized by feelings of anxiety and fear.

Anxiety cases-264 million world wide

- African region 12 percent
- Eastern Mediterranean region 10 percent
- European region 14 percent
- Americas region 21 percent
- South-east Asia region 23 percent
- Western pacific region 20 percent

In India mental health care act, 2017

Mental health care act 2017 is most important for mental health patients. Its help to promote mental well-being and also it gives right of mental disorder patient and also its gives information about mental health services. This act including 16 chapter, contains 126 clauses.

Objectives

1. An act to give for mental well-being care and facility for human being with mental disorder.
2. To preserve, encourage and fulfill the rights of such human being in delivery of mental well-being care and facility and for events linked there with.

Chapter – 1. Preliminary

Sec: 1 Short title, extent and commencement.
Sec: 2 Definitions

Chapter – 2. Mental illness and capacity to make mental health care and treatment decisions

Sec: 3 Determination of mental illness
Sec: 4 Capacity to make mental healthcare and treatment decisions

a) Know the details that is recent to take a judgment on the therapy or access or individual aid.
b) Admire any reasonably prospective effect of a judgment or defect of judgment on the therapy or entry or individual aid.
c) Be in touch the judgment.

Chapter – 3. Advance directive

Advance Directive (sec 5 to 13)

Each adult have a right to make an advance directive in writing, specifying any or all of the following, namely

a) Wishes to be cared for
b) Wishes not to be cared for
c) Can appoint NR (in order of precedence) nominated representative.
To be in writing and registered with mental health review board.

Applicability and Amendment

- ✓ Shall be call on only when such individual stop to have capacity to make mental well-being care or therapy resolve.
- ✓ Advance directive is for mental well-being care intend only.
- ✓ Any advance directive can be modify only by human being or mental health review board.

Process

- ✓ Patient or Nominated representative's responsibility is to give the advance directive to the treating psychotherapist.
- ✓ It shall be the responsibility of each medical officer shall give therapy to individual with mental disorder, in line with his valid advance directive.
- ✓ A medical professional shall not be hold on liable for any unexpected effect on following a valid advance directive.

Chapter – 4. Nominated representative

Nominated Representative (NR) (sec 14 to 17)

- ✓ Each adult have a right to appoint a nominated representative.
- ✓ Nominated representative shall be an adult and gives permit to accomplish his responsibilities under this act.
- ✓ Mention records or registered with mental health review board in white paper.
- ✓ If no Nominated Representative (NR) is appoint or not accessible or decline to do their duty, following human being can be appointed.
  a) Relatives
  b) Care givers
  c) Suitable human being appointed by the mental health review board (MHRB).
  d) Board shall appoint the Director, Department of Social Welfare, or his designated representative.

Role and responsibilities of Nominated Representative (NR)

- ➢ Literalize the present and past feel like the life history, values, cultural background and the best interest of the individual with mental disorder.
- ➢ Give help to people with mental illness (PWMI) for taking judgment on mental well-being care associated such as access, therapy, release and rehabilitation
- ➢ Searching details related access and therapy.
- ➢ To approach mental health review board (MHRB) on behalf of people with mental illness.
- ➢ To appoint a acceptable observant.
- ➢ To permit for research.

Chapter – 5. Rights persons with mental illness

Rights of persons with mental illness (sec 18 to 28)

1. Rights to access mental health care (sec 18)
   - All type of services (Inpatient, outpatient and rehabilitation)
   - Low cost, standard and quantity
   - Compensatory
   - Free therapy for below poverty line or impoverished
   - Its contain continuing care
2. Right to community living (sec 19)
   Just because a human being ill or person will be mental disorder kept in asylum no, every human being right to community living.
3. Rights to protection from cruel, inhuman and degrading treatment (sec 20)
   - Safe and hygienic environment
   - Sufficient hygienic situation
   - Interval time, enjoyment, education and devout practices
   - Solitude, clothing
   - Not to be forced to take up work in a mental well-being formation and to accept appropriate gratification for work when take up.
   - Sufficient provision for get ready for survival in the society.
   - Salubrious food, articles of individual hygienic.
   - No mandatory shaving of head hair.
   - To wear personal cloths or uniform that is their choice.
   - To be preserve from all forms of abuse.
4. Right to equality and nondiscrimination (sec 21)
   - Equality to human being with bodily unhealthy in the provision of all health care.
   - Determent of the state to give urgency facilities for mental disorder such as ambulance, sufficient and suitable survival situations alike bodily unhealthy.
   - Insurance for these with mental disorder.
5. Right to information (sec 22)
   Human being with mental disorder and his nominated representative shall have the rights to the following information.
   - Reason for admission
   - Review of admission procedure
   - Treatment procedure
   - Language
6. Right to confidentiality (sec 23)
   Duty to keep information confidential
   Exceptions
   - Nominated representative
   - Other mental well-being professionals and other health professional to enable them to provide care and therapy.
   - Dangerous to self or others
   - Medical urgency
   - In the interest of people protect and security
   - Legal proceedings.

7. Right to restriction on release of information in respect of mental illness (sec 24)
    - No photograph or any other details pertaining to a human being with mental disorder undertaken therapy at a mental health establishment be released to the media without the permit of the human being with mental disorder.
8. Right access medical records (25)
    - All human being with mental disorder shall have the right to enter their basic medical documentation as may be advise.
    - May withhold specific details in the medical documentation.
    - Shall inform the human being with mental disorder of his right to apply to the concerned board.
9. Right to personal contacts and communication (sec 26)
    - Human being with mental disorder admitted they have right to decline or accept visitors and also mobile phone calls. And they send or receive mail. If mental disorder person inform to medical professional, he does want to receive mail or calls of community, that situation they make restriction to communication.
10. Right to legal aid (sec 27)
    - Human being with mental disorder shall be entitled to receive free legal services to exercise any of his rights given under this act.
11. Right to make complaints about deficiencies in provision of service(sec 28)
    - Human being who have mental disorder admitted, right to complain pertaining lack of care, therapy and facilities .
    - Complaint to medical officer
    - Concerned board
    - The state authority.

Chapter – 6. Duties and appropriate government

Sec: 29 Promotion of mental health and preventive programme
Sec: 30 Creating awareness about mental health and illness and reducing stigma associated with mental illness.
Sec: 31 Appropriate government to take measures as regard to human resource development and training, etc.
Sec: 32 Co-ordination within appropriate government**.**

Chapter – 7. Central mental health authority

Sec: 33 Establishment of Central Authority
Sec: 34 composition of Authority
Sec: 35 Term of office, salaries and allowances of chairperson and members.
Sec: 36 Resignation
Sec: 37 Filling of vacancies
Sec: 38 Vacancies, etc, not to invalidate proceeding of Central Authority.
Sec: 39 Member not to participate in meetings in certain cases.
Sec: 40 Officers and other employees of Central Authority.
Sec: 41 Functions of Chief executive officer of Central Authority.
Sec: 42 Transfer of assets, liabilities of Central Authority.
Sec: 43 Functions of Central Authority
Sec: 44 Meetings of Central Authority

Chapter – 8. State mental health authority
Sec: 45 Establishment of State Authority
Sec: 46 Composition of State Authority
Sec: 47 Term of office, salaries and allowances of chairperson and other members.
Sec: 48 Resignation
Sec: 49 Filling vacancies
Sec: 50 Vacancies, etc, not to invalidate proceedings of state authority
Sec: 51 Member not to participate in meetings in certain cases
Sec: 52 Officers and other employees of state authority
Sec: 53 Function of chief executive officers of state authority
Sec: 54 Transfer of assets, liabilities of state authority
Sec: 55 Functions of state authority
Sec: 56 Meetings of state authority

Chapter – 9. Finance, account and audit
Sec: 57 Grants by central government to Central authority
Sec: 58 Central mental health authority fund
Sec: 59 Accounts and audit of central authority
Sec: 60 Annual report of central authority
Sec: 61 Grants by state government
Sec: 62 State Mental health authority fund
Sec: 63 Accounts and audit of state authority
Sec: 64 Annual report of state authority

Chapter – 10. Mental health establishments
Sec: 65 Registration of mental health establishment
Sec: 66 Procedure for registration, inspection and inquiry of mental health establishments
Sec: 67 Audit of mental health establishment
Sec: 68 Inspection and inquiry
Sec: 69 Appeal to high court against order to authority
Sec: 70 Certificate, fees and register of mental health establishment
Sec: 71 Maintenance of register of mental health establishment in digital format
Sec: 72 Duty of mental health establishment to display information

Chapter – 11. Mental health review board
Sec: 73 Constitution of mental health review board
Sec: 74 Composition of board
Sec: 75 Terms and conditions of services of chairperson and members of board
Sec: 76 Decisions of authority and board
Sec: 77 Applications of board
Sec: 78 Proceedings before board to be judicial proceedings
Sec: 79 Meetings
Sec: 80 Proceedings before board
Sec: 81 Central authority to appoint expert committee to prepare guidance document
Sec: 82 Powers and functions of board
Sec: 83 Appeal to high court against order of authority or board

Sec: 84 Grants by central government

Chapter – 12. Admission, treatment and discharge
Sec: 85 Admission of person with mental illness as independent patient in mental health Establishment
Sec: 86 Independent admission and treatment
Sec: 87 Admission of minor
Sec: 88 discharge of independent patients
Sec: 89 Admission and treatment of person with mental illness, with high support needs, in mental health establishment, up to thirty days (supported admission)
Sec: 90 Admission and treatment of persons with mental illness, with high support needs, in mental health establishment, beyond thirty days (supported admission beyond thirty days)
Sec: 91 Leave of absence
Sec: 92 Absence without leave of discharge
Sec: 93 Transfer of persons with mental illness from one mental health establishment to another mental health establishment
Sec: 94 Emergency treatment
Sec: 95 Prohibited procedures
Sec: 96 Restriction on psychosurgery for persons with mental illness
Sec: 97 Restraints and seclusion
Sec: 98 Discharge planning
Sec: 99 Research

Chapter – 13. Responsibilities of other agencies
Sec: 100 Duties of police officers in respect of persons with mental illness
Sec: 101 Report to Magistrate of person with mental illness in private residence who is ill-treated or neglected.
Sec: 102 Conveying or admitting person with mental illness to mental health establishment by Magistrate.
Sec: 103 Prisoners with mental illness
Sec: 104 Persons in custodial institutional
Sec: 105 Question of mental illness in judicial process

Chapter – 14. Restriction of discharge functions professionals not covered profession
Sec: 106 Restriction to discharge functions by professionals not covered by profession

Chapter – 15. Offences and penalities
Sec: 107 Penalties for establishing or maintaining mental health establishment in contravention of provision of this act
Sec: 108 Punishment of contravention of provision of the Act rules or regulations made the reunder
Sec: 109 Offences by companies

Chapter – 16. Miscellanceous
Sec: 110 Power to call for information
Sec: 111 Power of central government to issue directions
Sec: 112 Power of central government to supersede central authority
Sec: 113 Power of state government to supersede state authority
Sec: 114 Special provisions for states in north-east and hill states
Sec: 115 Presumption of severe stress in case of attempt to commit suicide
Sec: 116 Bar of jurisdiction
Sec: 117 Transitory provisions
Sec: 118 Chairperson, members and staff of authority and board to be public servants
Sec: 119 Protection of action taken in good faith
Sec: 120 Act to have over riding effect
Sec: 121 Power of central government and state governments to make rules
Sec: 122 Power of central authority to make regulations.
Sec: 123 Power of state authority to make regulations
Sec: 124 Laying of rules and regulations
Sec: 125 Power to remove difficulties
Sec: 126 Repeal and saving

Mental Health status of University students:

According to a study, 47.5 percent university students suffer from mental health issues.32.5 percent university students suffer from depression. Major reasons of depression was family conflicts, lack of control over life decision, crisis like drought or violence or accident, problems from childhood and financial difficulties (Subudi et al., 2018). Another study reveal that 30.9 percent students were stressed during the covid-19 pandemic. In this situation 17.5 percent university students feel loneliness, 1.5 percent students think about try to suicide and 58.2 percent students had suffer from depression. In covid-19 pandemic situation worsened the mental health of the students (Aswal and Parvesh, 2021).

Social work perspective : mental health is very important for every individual, family and the community as a whole. People with mental issues conditions are not able to carry their lives. In the majority of countries people with mental and psychological disabilities are not able to participate fully in their societies. Social work takes into account the environment well-being. And its care and observe about client, their family, neighbor and their environment. And social work is giving information about problem-solving and also provide facilities of government or non-government. And social work make activities like mental health aware, change the society perspective about mental disorder and also remove the stigma on mental disorders.

Statement of the Problem:

Is there students mentally unhealthy and its causes of physically unhealthy. Both bad affect on their educational activity, friends, family and community. And all these matters bad affect on development of nation. So when students have mentally healthy and also physically healthy. And its good affect on educational activity, good relationship with friends, family and community. And they will make a try to achieve something new. These type female students have confident and also they have financial free and its good affect on development of nation.

Significance of the study:

- This study will be very important. Because its help to find out who those suffer from mental issues, that situation their friends, family and professors support are not.
- This study will be help to search how much students are aware about mental health.
- And important thinks, students join the university environment after covid-19 pandemic. So this study will know about how they feel. And what is changes in their mental status.
- Is there stigma associated with mental health Challenges?

Scope of the study:

Subject – this research study will be conducted on subject of mental health.
Area - this research study will be conducted all the department students in Karnataka State Akkamahadevi Women's University, Vijayapura.

Theoretical frame work:

In mental health so many theories are there. And these theories utilize for whose have mental illness. But now we are know about one theory in details.

Cognitive behavioral theory

Is a type of psychotherapeutic treatment that helps people learn how to identity and change destructive or disturbing thought pattern that have a negative influence on behavior and emotions. This therapy focus on changing the automatic negative thoughts that can contribution to and worsen emotional difficulties, depression and anxiety.

Techniques of cognitive behavioral therapy

- Identifying negative thoughts
- Practicing new skills
- Goal – settings
- Problem-solving
- Self monitoring

Cognitive behavioral therapy is used to treat a wide range of conditions including

- Addiction
- Anger issues
- Anxiety
- Bipolar disorder
- Depression
- Personality disorder

In addition to mental health conditions, CBT has been found to help people cope with the following

- Stress management
- Low self-esteem
- Grief or loss
- Divorce or break-ups
- Relationship problems

Benefits of cognitive behavioral therapy

- It allows to change in healthier thinking patterns by becoming aware of the negative and often unrealistic thoughts that dampen feelings and moods.
- It is an effective short-term treatment option, for example improvements can be seen in 5 to 20 sessions.
- It has been found effective for a wide variety of maladaptive behaviors.
- It is more affordable than some other type of therapy.

Review of Literature:

Coffey (2014) studied on a comparative study of social work students in India of the UK: stress, support and well-being. This study was conducted with objectives of collate the solution finding the first examination in the United Kingdom to centralize separately or tension encourage and health of social work students. This study was adopted comparative (Bryman, 2004) research design. Studied sample selected of research in the United Kingdom students 76 and India students 235. This study was used questionnaire tool. And inferential data analysis was done.

It was opined that United Kingdom reported remarkably and high up of requirement remarkably underneath phase of encourage than their Indian corresponding parts. At all events, the underneath phase of requirement and high up phase of encourage for information by Indian students. They had remarkably lower health than their United Kingdom corresponding parts. In the India research there were no remarkable mutual relation among the major result inconsistency of requirement, encourage and health. At all events in the United Kingdom research, encourager was unhelpfully mutual relationship with health, showed that these who informed high up of encourager also statement good health. This research elicit specific advertence to the happen variety situation of encourager between India and UK, and create questions related the problems of utilize questionnaire to collect the life style fixed odds tensions and encourage strategy.

Khan et al., (2014) studied on the does psychological strengths and subjective well-being predicting parental involvement and problem solving among Malaysian and Indian students? This study was conducted with the objectives of tested the predictors of mental energy and personal health for dealing with educational pressure perceived university engineering students. Studied sample of 400 students. This study was used survey, through questionnaire. And f-test statistics data analysis was done.

This study was opines that noticeablely upper level of positive mental power between respondents of non-religious group than religious group, noticeablely upper level of positive mental power between respondents were came to rich families than came to families. In Malaysia noticeablely upper level of positive mental energy between respondents of religious group than non-religious group. Noticeablely upper level of personal health between Indian male than female. Noticeablely upper level of personal health between respondents of religious group than non-religious group. Parental inclusiveness was the most power of positive mental energy and personal good health between Indian and Malaysian respondents.

Subudhi et al., (2018) studied on mental health literacy among university students. This study was conducted with the objectives of calculate the intellectual well-being education between the university students. Studied sample of 40 students. This study was used questionnaire tool. And statistical package for the social sciences version 16.0 data analysis was done.

This study was opines that 47.5 percent have mental problems like depression 32.5 percent. Family conflict (96 percent) major reason of the depression, lack of control over life decision (92.5 percent), predicament (72.5 percent), issues from infancy and economic struggle 67.5 percent, struggling at work and current death of relative or friends (62.5 percent) , fight with friends or neighbour 60.0 percent. Students try to come out from unhappiness such as hunger promotes were 37.5 percent, 35 percent students were tonic, herbal, vitamin, 70 percent students were used sleeping tablet. Some other feature like sentiment 95 percent, hear to know 87.5 percent, diversion from issues 62.5 percent and physical activeness 57.5 percent. 92.5 percent respondents help to who have mentally ill, 67.5 percent students were interested to work with mentally ill person. 85 percent of jobless people were susceptible to depression, 75 percent divided people, 52.5 percent women, young and poor people, unable to wed 42.5 percent, aged people 40 percent, moneyed people 25 percent were more likely to struggling depression and intellectual unhealthy.

Stanley and Mettildas (2020) studied on do stress and coping influence resilience in social work students? A longitudinal and comparative study from India. This study was conducted with the objectives of what is the expanse and character of pressure, elasticity and manage in social work students when collate to students of another educational discipline?, Do these features modification extra time in social work students? What is the character of the link between these key variables?,Which of these variables presage the clarity of elasticity in social work students?

It was adopted longitudinal research design. Studied sample of 32 study group and 33 reference group students. This study was used questionnaire tool. And inferential statistics data analysis was done. This study was opines that there were no importance statistical distinction among both group. Both group students live in urban areas. Both group same college students, make secure more likeness in educational experiences. Elasticity were seen in the social work group, but didn't increased process of development in their clarity was perceived as students process of developed through their degree. Pressure, issue-focused and feeling focused manage techniques appeared as important presage of elasticity.

Research gap:

The outline study of the reviewed literature indicates that there are gaps in the area of study. In this connection, number of studies about mental health issues in university students, depression, anxiety and stress (Johanson et al., 2021), mental health literacy (Khatib and Abo-rass, 2021), mental health disorder during covid-19 pandemic (Assefa et al., 2021), relationship between religiosity and psychological symptoms (Buzdar et al, 2015), internet use for mental health information and support (Montagni, 2016), help seeking and access to mental health care (Eisenberg et al.,2007).

Above mentioned researches revealed that major part of the intellectual well-being disturb were raid before the age of 24 (Clark, 2017). 72 percent of university students have feel usually problems in their education and 17 percent students feel that anxiety before exam (Hamad, 1976), education associated strains were most of the problems in students (Duan, 2016). 30 percent responders were thought of a necessity for professional aid for their mental health (Eisenberg et al, 2007). In the covid-19 pandemic situation 35.1 percent of respondents were knew of intellectual well-being assist that was gave through their academy (Irfan et al., 2021). A web for academy students often usage the web for intellectual well-being dependence and they didn't whole belief the web for intellectual well-being associated affairs (Montagni, 2016).

psychoeducational happiness course useful (Hood et al, 2021) and cognitive behavioral intervention is enhance the mental health (Xie and Wong, 2019).

A few researches studies have been conducted on cognitive behavioral intervention, psychoeducational happiness course and lonliness. Abnoramal eating patterns, there are severe concerns about body weight and shape, these concerns interfere with person's happiness and daily functioning and also causes severe psychological distress. Influence of mental health training programs and counseling of women students can be an important area of research. A study can be carried out to understand the faculty's perspective on the mental health of their respective women students. As psychological study of influence of friends, family and professors on the performance of women students of the university, especially in Karnataka State Akkamahadevi Women's University Vijayapura. Still didn't conduct research in this area and also in Vijayapura district. And one more important thing still didn't any research done in social work perspective. Therefore It will be conducted research in this district and this study will be focused on only women students.

Objectives of the study

1. To study the personal profile of women students in higher education.
2. To examine the mental health of women students in higher education.
3. To measure quality of life of women students in higher education.
4. To compare socio-economic variables with mental health of women students in higher education.
5. To offer suggestions to enhance mental health of the women students in higher education.

Hypothesis

H_1 Women students come for higher education from different socio-economic background.

. H_2 There is no association between quality of life and mental health of women students in Higher education.

H_3 There is no significant association between social-economic variables with mental health of women students in higher education.

Research methodology:

Research design : The Descriptive research design will be adopted. Because of descriptive study will be give the more information and what is the recent status about research topic.

Universe and sample : All the women students in higher education studying in Vijayapura district will be universe of the study. This study will use systematic sampling.

Tools and techniques of data collection : This study will be used questionnaire tool and observation.

Source of data collection

1. Primary data collection
   a) Questionnaire
   b) Observation
   c) Case study
   d) Focus Group Discussion
2. Secondary data collections
   a) Institute reports
   b) Reference books
   c) Journals
   d) Library sources

Pilot study and main study:

It means "small scale replica" of the main study. It is the rehearsal of the main study. It covers the entire process of research: Preparation of a broad plan of the study, construction of tools, collection of data, processing and analysis of data and report-writing. So this reason I will collect 30 samples in this pilot study.

In main study It will selected 350 university students, through systematic random sampling. And procedure of selecting each sample be like take every k^{th} item in the population after a random start with an item for 1 to k.

Formula $k = N/n$

k = systematic sampling interval
N = population size
n = sample size

Data processing:

In this phase data will be something missing and also have omissions. So this reasons data will be edited. Then classification the data, based on age, course, rural and urban. After we will be prepared coding key and data will be set in tabulation through computer. And make frequency distribution and also present the data through diagrams.

Variable design:

The investigation will undertaken with some variables. In present study the dependent variable and independent variable are as followed,

Dependent variable: The dependent variable in the study is mental health.

Independent variable: The independent variable in the present study are

a) Gender (women)
b) Stream (all course)
c) Area
d) Standard

Data analysis:

The data will be analysis through SPSS.This study will be used analysis of variance (ANOVA) to ascertain, whether there are differences in mental health of students according their parents education, income, occupation and family and friends relationships. Chi- square test will be used to test association.

Chapter scheme:

Chapter -1 Part- A Introduction:

In this chapter will be introduces the study with explanations of the particular context in which the study will be conducted, brief information on women, higher education, mental health issues, risk and protective factors and diseases of mental health issues and its effect on health, education, family and society.

Part- B Research methodology:

In this chapter will be comprised the research methodology and sampling procedure adopted in the study, and includes quantitative and qualitative research approaches.

Chapter -2 Review of literature:

In this chapter will be explained on the various aspects of mental health issues of women students in higher education. The literature has been collected from various reputed journals and other publication related to the research topic will be reviewed.

Chapter -3 Profile of the sample population:

In this chapter will be presented the whole information about profile of the sample population.

Chapter -4 Analysis, interpretation and inferences:

In this chapter it will be contained the analysis and interpretation of the respondent's personal background, family profile, mental health profile, quality of life, socio-economic variable, eating pattern and self-esteem.

Chapter -5 Findings, summary, conclusion and suggestions:

In this chapter will be presentd the major findings on par with the objectives of the study. summary of the findings and conclusion will be given in this chapter. suggestions will be made in this chapter to prevent mental health issues of women students in higher education. Scope for further to the future scholars will be given.

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